

Core Public Health Functions

A National Council of Nursing Position Paper

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Issue:

The Indian Health Service (IHS) is a public health agency. Its stated goal is "To raise the health status of American Indian and Alaska Natives (AI/ANs) to the highest possible level". For a variety of reasons, the IHS is currently undergoing major changes in size, structure, and functions. As the implementation of a redesigned Agency proceeds, the past stewardship responsibility which IHS has maintained must be considered, if essential public health services for AI/AN peoples are to remain guaranteed.

Background:

The public health system has a broad societal charge to promote health, prevent disease and protect the health of the environment and population. Indian Health Service has historically provided a true public health model in services provided to the AI/AN population. The focus of many efforts through the IHS/Tribal/Urban (I/T/U) programs has been on the AI/AN population as a whole, rather than just on individuals.

The mission of public health is to "fulfill society's interest in assuring conditions in which people can be healthy". The substance of public health includes organized community efforts aimed at the prevention of disease and promotion of health. It provides a circle of services, linking many disciplines from the community to the institution, ambulatory care, outreach and back into the community. It offers primary, secondary, and tertiary services enhancing its ability to serve, and utilizing a broad mix of health, education, and outreach providers, all resting upon a scientific core of epidemiology.

The organizational framework of public health includes both the activities undertaken within the formal structure of government and the associated efforts of other public, private and voluntary sectors (Future of Public Health, 1988).

The public health model is the cornerstone for health care delivery that is primarily designed to raise the health level of a group of people to the highest level possible. It encompasses a more comprehensive form of health care delivery, including determining the health status, needs, and desires of the population served; developing plans to best meet the most pressing of those needs; and finally making sure that identified services are directly provided or provided by others. It is a model that is defined by how it is organized and implemented.

The Assessment function is an essential activity required to determine causes of health problems, to identify unmet needs, to evaluate health care delivery, and to learn about community perceptions regarding health service provides. This information has value locally, but is also used collectively to describe AI and AN health status and to advocate for resources at a national level.

The Policy Development function may take place at any point along the local or national spectrum. Analysis of public health needs and evaluation of best methods to meet those needs are required.

The Assurance function includes the processes that ensure the availability, accessibility and

acceptability of services that provide an environment in which individuals can be healthy.

PARTNERSHIP: The public health core functions of assessment, policy development and assurance are the responsibility of official public health agencies at all levels of government, Tribal, local, State, and Federal. Fulfillment of these core functions is achieved through leadership by the I/T/Us in partnership with other public, private and voluntary sectors. Partnerships can directly benefit Tribal communities and the nation as a whole, by:

- ◆ providing greater unity of purpose;
- ◆ promoting wholeness and cooperation rather than fragmentation and competition;
- ◆ strengthening communications and links complex systems;
- ◆ fostering collaboration and interdisciplinary efforts;
- ◆ promoting more efficient and effective use of resources;
- ◆ fostering the development of essential, accountable leadership to improve public health infrastructure to carry out the public health functions.

Since IHS was authorized in 1955, it has worked with Tribal governments, Tribal health boards, and urban Indian programs to produce major improvements in the health of AI and AN people. The greatest improvements have come as a direct result of the preventive care and other public health services provided to individuals, to their tribes, and the communities in which they live.

Discussion:

Two factors that have impeded the public health performance of US health care system as a whole are access problems and the traditional lack of reimbursement for preventive services to individuals and even more so for services to communities.

Even in the newer managed care settings where one might expect some incentive for prevention, the public health model is not commonly seen. Frequent enrollee turnover is the norm in these care systems. Therefore, investments in health outcomes that might come 5-10 years in the future, rarely yield returns for the managed care organization making the investment.

In contrast, Indian health systems, with their typically long term client relationships, can more easily justify these important investments. This, together with their defined responsibility for an entire community, tribe, or population gives Indian health programs the opportunity to improve health status to a much greater extent than most private systems. To do so, the commitment must be made to employ the public health model.

The public health model uses the concept that the health care needs of a population are best addressed through an organized, targeted, and proactive approach. Employing the public health model, a tribe or community periodically and systematically collects, analyzes, and disseminates information on the health status, needs, and desires of a defined population (assessment); prioritizes those needs, determines the best method to address them (policy development); and then makes sure that the plan is implemented with the services provided in an effective and appropriate manner by I/T/Us, States, or other public or private entities (assurance).

The major causes of morbidity and mortality facing American Indian and Alaska Native

people, as well as all Americans, have been shifting from problems that can be directly addressed through relatively straight forward public health services (better and more widespread immunizations, more effective antibiotics, clean water, better sanitation services, etc.) to lifestyle related conditions such as smoking related illnesses, diabetes, domestic violence, injuries, etc.

Very significant improvements have occurred in the health of American Indian and Alaska Native people through the use of the public health model by Indian Health Service and other Indian health systems.

Since 1973:

- ◆ The infant mortality rate for American Indians/Alaska Natives (AI/AN) has decreased by 54%.
- ◆ The maternal death rate for AI/AN has decreased by 65%.
- ◆ The TB mortality rate for AI/AN has decreased by 74%.
- ◆ The influenza/pneumonia mortality rate for AI/AN has decreased by 50%.
- ◆ Life expectancy for AI/AN has increased by 12.2 years.

However, unusually high mortality rates remain in several health concern areas, and need increasing attention by a public health support infrastructure and local I/T/Us.

Age Adjusted Mortality Rates:

- ◆ Alcohol related death rates are 440% higher in the AI/AN population than the general population.
- ◆ Accidental death rates are 165% higher in the AI/AN population than the general population.
- ◆ DM death rates are 154% higher in the AI/AN population than the general population.
- ◆ Homicide death rates are 50% higher in the AI/AN population than the general population.
- ◆ Suicide death rates are 43% higher in the AI/AN population than the general population.

In order to maintain the impressive advances already made and to have an impact on the new areas of concern, we must continue to provide services utilizing the public health model rather than merely providing individual medical services.

In the uncertain climate of health care reform, we are concerned that the IHS and Tribal programs not lose their focus as a public health organization, with responsibilities to assist in carrying out the unique and ongoing Federal government obligations to AI/AN people with respect to their health.

Recommendations

1. Communicate key messages broadly:

◆ Public Health is a network of essential services that work together to keep us healthy and safe. Public health is more than a few specific services that serve some people and not others. It is an infrastructure of overlapping services that are essential because they work together to protect us from a variety of health hazards. Each service is important in its

own right, but it is the overlapping of such services into a unified system which provides maximal value.

◆ Public Health has a primary responsibility for your community's health. This message reinforces the protective aspect of public health. It addresses not only the health of individuals and families, but that of entire communities. An important aspect of this concept is the role of data in monitoring health status and documenting progress in combating diseases, injuries, and disabilities.

◆ Public Health is indispensable. Without public health, our quality of life would definitely be diminished. We would lose confidence in the safety of our environment. We would be more vulnerable to preventable diseases. Some examples of public health services include:

- Immunizations
- Communicable Disease Control
- Food Handling Safety
- Highway Safety and Enforcement
- Air Quality Safety
- Fire and Police Protection
- Building Code Regulation
- Trash and Refuse Requirements
- Animal Control
- Lake, Stream and River Safety Requirements

We would not know as much about the health status of our communities, nor would we have the information and expertise to address health problems. Without public health services, the costs of treating medical conditions, which already account for most of our health care expenditures would increase at an even faster rate.

2. Increase awareness of public health as a system.

Methods to consider include:

- ◆ Show public health's benefits to the broader community
- ◆ Enhance public health practitioners' skills in media advocacy.
- ◆ Develop relationships with management and editorial staff in local media.
- ◆ Encourage practitioners to portray public health as a system.
- ◆ Adopt a National Public Health Week to highlight the significance of public health as a cornerstone to our Nation's health, and to provide opportunities for local versions that build on national media and materials.

3. Build an understanding of the essential services.

Methods to consider include:

- ◆ Use familiar public health services to explain essential services.
- ◆ Make data more relevant to people's lives by becoming a source of credible data and interpretation for constituents and community organizations.
- ◆ Emphasize the role of assessment and monitoring health status and the resulting data in

identifying and responding to health problems.

- ◆ Translate data into newsworthy language and timely concepts.
- ◆ Develop and publicize health status report cards (i.e. progress reports re: how we are improving the health of our communities) for all segments of the population.
- ◆ Utilize breaking news stories about public health crises at the local, state or national level to illustrate the essential services provided by public health.

4. Develop community partnerships.

Methods to consider include:

- ◆ I/T/U Public Health practitioners need to increase partnership opportunities with in-patient staff, medical staff, health education, CHRs, EMTs, Headstarts, Schools, etc.
- ◆ Train public health practitioners in coalition building and management.
- ◆ Train lay public health leaders.
- ◆ Lead community sponsored forums.
- ◆ Provide technical assistance, data, and other forms of support to community organizations seeking to address health issues in their communities and neighborhoods.

5. Increase appreciation of public health by elected officials.

Methods to consider include:

- ◆ Adopt a legislator (Tribal/State/Federal).
- ◆ Sponsor legislative conferences on public and community health for legislators and practitioners.
- ◆ Use cost-benefit data responsively.

6. Support current and create new Federal/Tribal/State partnerships for public health that build on communication and collaboration linkages.

- ◆ Market demonstrated public health successes completed by I/T/U programs especially those which showcase multi-disciplines at local and state meetings, as well as national and professional seminars and conferences.
- ◆ Share prepared public health demographic and trend presentations routinely with local Tribal, State/Regional, and National Indian Health Boards.
- ◆ Provide for increased utilization of holistic approach to healing and utilization of Native Healers.

7. Clarify Federal and Tribal responsibilities as they pertain to population based core public health functions of assessment, policy development and assurance. Use the core functions to bridge the public health system into all aspects of the public, private and voluntary sectors.

- ◆ Redesign current staffing levels to enhance the public health initiatives. Maintain creditability.
- ◆ Provide financial support to insure the integrity of the public health initiatives already place.